

REQUEST FOR INFORMATION

IM-3105.1
10-98

To: _____

Address: _____

The following information is needed to determine/redetermine your eligibility for ☐ cash ☐ food stamp ☐ medical ☐ child care assistance. The items marked below must be provided no later than _____.
If you do not provide the required information, your:

☐ Application will be denied.

☐ Assistance case will be closed.

☐ Assistance will be reduced.

☐ Assistance case will be suspended.

Please supply this agency with the following information (note items checked):

☐ Complete application/redetermination form. An interview has been scheduled for you on _____ at _____.

☐ Birth verification and one other piece of identification for: _____

☐ Social Security Number (SSN) and/or proof of applying for an SSN for: _____

☐ Pregnancy verification with due date.

☐ Proof of citizenship or alien status for: _____

☐ Doctor's statement for: _____, including the nature of the disability and length of time unable to work. (Use agency form if attached.)

☐ Paycheck stubs or a signed statement from _____ employer, showing total earnings, number of hours worked, how much paid per hour, and dates paid for the month(s) of: _____

☐ Daily schedule of child care needed for each child. (Use agency form if attached.)

☐ Name of child care provider selected.

☐ Proof of self-employment income and expenses for the month(s) of: _____

☐ A benefit letter or other proof from: _____ that shows the monthly income for each member of your household that receives it.

☐ If you have any questions or if you need assistance in obtaining any of this information, call:

_____ at _____.

☐ Proof of child support and/or alimony received in the month(s) of: _____

☐ Proof of all loans, grants, scholarships, tuition and fees

☐ Proof of child support paid in the month(s) of: _____

☐ Proof of child or dependent care expenses.

☐ Proof of application for: _____

☐ Proof of saving and/or checking account balance(s).

☐ Verification of life and/or burial insurance, including policy name, number, year of issue, face value, and cash surrender value for each policy.

☐ Health insurance policies and policy numbers.

☐ Rent or mortgage receipt(s) for the month(s) of: _____

☐ Landlord's name, address, and phone number: _____

☐ Property tax statements and homeowners insurance premium for the year: _____

☐ Statement of household composition, including total number of persons living in the household.

☐ Proof of school enrollment for: _____

☐ Medical bills for the month(s) of: _____

☐ Complete and return the enclosed monthly report form for the month of: _____

☐ Other _____

Local Office _____ Signature/Date _____

This form supersedes Form IM-3105.1, 11-86.